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PETERBOROUGH
JOINT EDUCATION BOARD

A N N U A L R E P O R T

OF THE
SCHOOL MEDICAL OFFICER

FOR THE YEAR

1953.

G. NISBET, M.B., Ch.B. (Ed.), D.P.H., R.C.S.(Ed.)

PETERBOROUGH JOINT EDUCATION BOARD
ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER
FOR THE YEAR 1953.

George Nisbet, M.B., Ch.B.(Ed.), D.P.H., R.C.S.(Ed.)

S T A F F

Principal School Medical Officer	George Nisbet, M.B., Ch.B.(Ed.) D.P.H., R.C.S.(Ed.)
Deputy Principal School Medical Officer	William D. Swinney, M.B., Ch.B., D.P.H.
Principal School Dental Officer	Thomas Henry Roberts, L.D.S.
School Dental Officer	Vacant
Anaesthetist (Dental) Part-time	J. G. Inglis, M.B., Ch.B.
School Nurses (in order of length of service).	Mrs. L. Young, S.R.N., R.F.N. Mrs. S.A. Coward, S.R.N., B.T.A. Miss A. V. Sydee, S.R.N., S.C.M.
Speech Therapist	Miss Sylvia Halley, L.C.S.T.
Dental Attendant	Miss Eleanor B. Allen
Chief Clerk (School Health Department)	J. J. Dunford.

CONSULTANT STAFF

The services of the following Consultants have been made available during the year by arrangement with the East Anglian Regional Hospital Board :-

Consultant Ear, Nose and Throat Surgeon	A. A. Finlayson, M.B., Ch.B., F.R.C.S.(Ed.)
Consultant Paediatrician	B. W. Powell, M.B., B.Chir. M.R.C.P., M.R.C.S.
Consultant Ophthalmic Surgeon	G. M. Barling, M.B., D.O.M.S.

TO: The Chairman and Members of the Peterborough
Joint Education Board.

Ladies and Gentlemen,

I have the honour to present my fifth Annual Report on the health of the school children in the County of the Soke of Peterborough.

The Report is self-explanatory, and calls for little comment.

It is becoming increasingly evident that the present medical staff is insufficient to adequately carry out all the demands, especially in the matter of the re-inspection of the children referred for observation for defects found at the routine medical examinations, and to carry out (satisfactorily) special examinations and investigations.

The school population has increased by a further 600 since last year. Since 1951 the "average" number of children on the registers has increased from 8,526 to 9,543, and most of these children are new admissions, i.e. children of five years.

The work of School Medical Officers has certain compensations. To be able to send a puny, delicate child to one of the open-air schools and so often to welcome the child on his or her return, looking sturdy, self-assured and free, maybe of a crippling asthma, cannot but give one the utmost satisfaction. Often to note the improvement in a child at school, after a visual defect has been remedied or ameliorated, is another gratification, and here, I should mention results of the operative treatment for squint which so frequently has a marked psychological effect on the school child, (where he or she has been the subject of teasing by schoolmates and thereby suffering, and maybe often miserable) confidence and improvement in scholastic attainment become obvious after treatment. I do appreciate the work of the Consultant Ophthalmic Surgeon.

I wish to thank the Chief Education Officer and his staff for their continued interest and co-operation throughout the year. I should like to stress this statement, as the school medical service can assist the handicapped pupil, whether just delicate or grossly crippled by defect or disease, but without the final co-operation of all the Education staff, headmaster or teacher, school enquiry officer, or office staff, then recommendations might be futile.

Similarly I am thankful for the interest shown in all school health matters by the Special Services Sub-Committee and of the Joint Education Board as a whole. The members may hear only of the special cases but they do appear to appreciate that much routine and often detailed work has been the unmentioned background of bringing these cases before them.

A word of thanks must be expressed to the school nurses. Meeting the children at the age of five for the first time could present problems in many instances, especially when parents give a history of illness or generally sub-standard health. But the school nurses have the records of the Maternity and Child Welfare Services and do consult with the health visitors of the Local Health Authority. It is a pity that the two services are not combined as is almost universal throughout the country.

Finally I should like to thank my own clerical staff, headed by Mr. Dunford, my Administrative Officer, who has the onerous duty of arranging all medical inspections and being responsible for the general administration of the school health service.

I have the honour to be,

Your obedient servant,

GEORGE NISBET

County Medical Officer and
Principal School Medical Officer,
Joint Education Board.

Public Health Department,
County Council Offices,
Bridge Street,
PETERBOROUGH.

GENERAL STATISTICS

Civilian Population

City of Peterborough	52,960
Peterborough Rural District	7,480
Barnack Rural District	3,250
Administrative County	63,690

School Population

Nursery Schools	72
Average number of children on registers of Primary Schools during 1953	6,306
Average number of children on registers of Secondary Modern Schools during 1953	1,934
Average number of children on registers of Grammar Schools during 1953	1,231
Total	<u>9,543</u>

Number of schools

Nursery Schools	2
Primary Schools	37
Secondary Modern Schools	7
Grammar Schools	3
Total	<u>49</u>

MEDICAL INSPECTION

I append details of school medical inspections carried out during the year 1953, and for comparison figures for 1952, 1951, and 1950 :-

	<u>1953</u>	<u>1952</u>	<u>1951</u>	<u>1950</u>
Entrants	1132	1213	1321	1025
Second Age Group	630	809	790	719
Third Age Group	587	563	733	942
Total Routine Inspections	2349	2585	2844	2686
Number of Special Inspections	74	91	106	116
Number of Re-inspections	169	221	239	154
Grand Total	2492	2898	3189	2956

The total number of medical inspections carried out in 1953 was 400 less than in the previous year. This was due to the fact that I had to enter hospital for operative treatment. In addition a great deal of time has had to be spent (chiefly by my colleague, Dr. Swinney) in assessing educationally subnormal girls, with a view to admission to Orton Hall Special School which was opened in the Spring of 1954.

I am greatly concerned about the number of inspections and re-inspections which are becoming due, work, which is the routine, on which most of the special investigations and treatments follow.

The school population is increasing each year. The liaison between the general practitioners, the hospital staffs, and the school medical doctors is becoming closer each year, this bringing many more cases for action, examination and consideration.

County The Education Authority School Medical Staff of medical practitioners devotes a total of eight sessions per week to this side of their duties, what is commonly expressed as eight-elevenths, made up of four-elevenths of the allocation of duties of the County Medical Officer to the Soke of Peterborough County Council (which is the Local Health Authority) and four-elevenths of the duties of the Deputy County Medical Officer, who is also Medical Officer of Health of the City of Peterborough, the major Sanitary Authority in the ~~City~~. Every other Local Health Authority in the country is also the Education Authority and a much greater allocation of medical officers' time to school work is universal. The practice of combining the duties under the Local Health Authority and of School Medical duties, thus ensuring that the continuity of statutorily permitted supervision of the family as a unit is maintained, is, as is generally known, the accepted position throughout Great Britian.

To increase the provision of school medical officers or to augment sessional time is a matter which should receive consideration by this Education Authority as a matter of urgency, if, during the next few years, all school children are to receive even no more than the statutory examinations.

FINDINGS OF MEDICAL INSPECTION.

Diseases and Defects.

Of the 2349 children examined at the periodic medical inspections, 495 were found to be suffering from a disease or defect (other than dental diseases and infestation with vermin). This represents 21.0% of all pupils inspected compared with a percentage of 20.5 last year, and 23.2% in 1951.

The following Table shows the number of pupils inspected and the number found to require treatment in the various age groups (The figures in brackets refer to 1952) -

Number of children -

<u>Age Group</u>	<u>Inspected</u>	<u>Requiring Treatment</u>	<u>Percentage</u>
Entrants	1132 (1213)	270 (286)	23.8 (22.7)
Second Age Group	630 (809)	133 (151)	21.1 (18.6)
Third Age Group	587 (563)	92 (94)	15.6 (16.7)
	<u>2349 (2585)</u>	<u>495 (531)</u>	<u>21.0 (20.5)</u>

The percentages vary little from those of previous years, and, as usual, the highest percentage of children found to require treatment occurred among the entrants (23.8%), and the lowest in the Third Age Group, or leavers (15.6%). This is, of course, accounted for by the fact that by the time a child is ready to leave school defects such as enlarged tonsils and adenoids, defective vision, orthopaedic defects etc. should normally have been treated and remedied.

Reference to Table II in the Appendix shows that eye defects, orthopaedic conditions, and nose and throat defects, account for as many as 81.8% of the total defects found at routine medical inspections, viz. -

Nose and Throat Defects	187	37.7
Orthopaedic Defects	128	25.9
Eye Defects	90	18.2
Total	<u>405</u>	<u>81.8</u>

As in 1952, the highest percentage of children found to require treatment were those suffering from nose and throat defects (37.7%) compared with 36.1% in 1952, and 25.2% in 1950 although care is taken not to refer such children unless considered absolutely necessary.

General Condition.

Children are classified under the following three categories, and each child examined in the routine age groups is assessed under these headings :-

- A. Good Health and Nutrition.
- B. Fair Health and Nutrition.
- C. Poor Health and Nutrition.

The following Table shows the classification of pupils examined at routine inspections during 1953, and for purposes of comparison a Table showing classification of children examined in 1952 is also appended :-

1 9 5 3.

Age Groups	Number of Pupils Inspected	A.		B.		C.	
		Good	%	Fair	%	Poor	%
Entrants	1132	761	67.3	285	25.1	86	7.6
Second Age Group	630	439	69.6	176	28.0	15	2.4
Third Age Group	587	418	71.2	158	26.9	11	1.9
Total	2349	1618	68.9	619	26.3	112	4.8

1 9 5 2.

Age Groups	Number of Pupils Inspected	A.		B.		C.	
		Good	%	Fair	%	Poor	%
Entrants	1213	761	62.7	351	29.0	101	8.3
Second Age Group	809	514	63.5	241	29.9	54	6.6
Third Age Group	563	353	62.7	183	32.5	27	4.8
Total	2585	1628	63.0	775	30.0	182	7.0

It will be noted that a greater percentage of children were classified as of Good nutrition (A) in 1953 than in 1952 (68.9 compared with 63.0%) and less were classified as Poor (C) (4.8 against 7.0% in the previous year).

School Meals Service.

The Cooking Depot for school meals in Shakespeare Avenue closed during the year. School Canteens are in operation in 16 schools. The following Table shows the number of school meals supplied to school children on a typical school day in December 1953 -

	Meals Supplied.
(a) City schools - container meals	772
(b) City schools - own canteens	1381
(c) Rural schools - container meals	86
(d) Rural schools - own canteens	749
(e) Total number of meals supplied	2988
(f) Number on roll	9633
(g) Percentage of meals taken	31.01

At the end of 1952, 34.98% of children in attendance at schools in the area were having school meals.

Cleanliness.

The three school nurses carried out a total of 23,686 examinations for cleanliness in the schools during 1953, compared with 21,057 inspections carried out in 1952, and 23,433 in 1951.

The total number of individual pupils found to be infested with vermin was 73, compared with 110 in 1952, and 207 in 1951.

All cases of infestation, however slight, are recorded. Cleansing orders were issued in respect of 43 children (against 41 last year).

It is pleasing to note the improvement in the number of individual children found to be unclean. The number infested with vermin (73) is, I believe, the lowest ever recorded in this County, and I attribute this marked improvement in cleanliness to the pressure brought to bear on parents by constant warning letters, visits to the homes by school nurses, and, in the worse cases, by insisting upon the mothers bringing the children to the school clinic, when I can give a personal talk to them on hygiene.

Following-up.

Children found to be suffering from defects or diseases are followed up by visits to the homes by the school nurses and by re-examination, either in schools or at the School Clinic, by the medical staff and the school nurses.

Unfortunately, owing to pressure of work in connection with routine medical examinations, the number of medical re-inspections carried out by the school medical officers has fallen seriously behind, and unless additional medical staff is engaged, I can see no prospect of the situation being improved.

Close liaison is maintained with the specialists at the Hospital, and in many ways assistance is rendered. When, for example, a parent fails to take the child to the Hospital for an eye or nose and throat examination, I am informed by the Hospital authorities and arrange for a school nurse to follow up, enquiring the reason, and stressing attendance at a future appointment. Occasionally, where the mother is ill or there is some other domestic difficulty, the school nurses take the child to the hospital for examination.

Treatment of Defects.

The arrangements, whereby all treatment, other than Speech Therapy and Minor Ailments Treatment, are carried out by the National Health Service, have continued to work successfully.

Table II of the Statistical Summary in the Appendix of this Report details the defects found at the routine inspections, and Table IV deals with defects treated.

Minor Ailments.

A Minor Ailments Clinic is held at the School Clinic premises, Town Hall, Peterborough, each Monday morning and, if necessary, on other days, when I personally take charge of the Clinic. A school nurse attends to treat minor ailments on other mornings between 9 and 10, and between 4 and 5 o'clock in the afternoons, when I am also available to see children considered by the nurses to require my attention or advice.

I append details of the minor ailments treated during the year :-

	<u>Number of Defects Treated.</u>
Ringworm of body	5
Scabies	7
Impetigo	15
Other skin diseases	56
Minor ear defects (aural wax etc.)	70
Minor eye defects	21
Miscellaneous conditions	99
Minor injuries	25
Total	<u>298</u>

In 1952, 382 minor ailments were treated at the Clinic.

Defective Vision.

During the year 1953, the school ophthalmic work has been carried out by Dr. G. M. Barling, the Consulting Ophthalmologist of the Regional Hospital Board, at the Peterborough Memorial Hospital, and my thanks are due to Dr. Barling for his co-operation and help.

395 children suffering from errors of refraction (including squint) were referred by me to the Ophthalmic Surgeon during the year. Glasses were prescribed for 267 of these children, and were obtained by the end of the year or early in 1954.

There is now very little delay in getting children examined or re-examined by the Ophthalmic Surgeon after they have been referred by the School Medical Officers, and practically no complaints were made by parents during the year as to delay in getting their children seen.

Defects of Nose and Throat.

190 children examined in the routine age groups or as "specials" were referred to the E.N.T. Surgeon for his opinion regarding operative treatment, and another 342 pupils required to be kept under observation for enlarged tonsils and adenoids. Therefore, nearly 22% of all children examined in the routine and special groups during the year were found to be suffering from a greater or lesser degree of defects of the nose and throat, antra or sinuses.

In accordance with the recommendations of the Ministry of Education, care is taken to see that no child is referred as likely to require operation unless this appears to be absolutely necessary, the emphasis being placed on conservative treatment. It will be noted that more than twice as many children were kept under observation than were referred for treatment.

During the year, 231 children were operated on for adenoids and chronic tonsillitis, 1 received operative treatment for diseases of the ear, and 1 for other nose and throat conditions; total 233. 172 of these were treated at the Peterborough Memorial Hospital, 41 at Stamford Hospital, 18 at Ely Hospital and 2 at Wisbech Hospital.

At the end of the year, approximately one thousand children in the area were still awaiting operative treatment for enlarged tonsils and adenoids, and this matter is receiving the attention of the Medical Staff Committee of the Peterborough and Stamford Hospital Management Committee, who are considering what steps should be taken to deal with the serious position of the waiting list. The matter was aggravated during the year, as owing to an outbreak of poliomyelitis in the district, operative treatment was suspended for a period.

I should like to take the opportunity of expressing my thanks to Mr. A. A. Finlayson, the E.N.T. Surgeon, and the Registrar, Dr. M. E. Johnston, for their valued co-operation and assistance.

77 children suffering from ear defects (chiefly aural wax) and 25 suffering from otitis media were found at routine medical examinations. Three "specials" were also found to have aural wax and 1 otitis media, requiring treatment.

68 other children with a minor degree of otitis or aural wax were under observation and treatment by conservative measures during the year.

All the children requiring treatment for removal of aural wax etc. were immediately treated by me at the school or were asked to come to the Minor Ailments Clinic at the Town Hall, and 70 such children were treated by the school medical officers during the year, when, in addition to accumulations of wax, such things as buttons, beads, pencil lead and sealing wax were removed from the children's ears, and enough hayseeds and grains of corn to fatten a chicken !

Three children required treatment for deafness and 13 were kept under observation for this condition.

Child Guidance.

As there is no Child Guidance Clinic maintained by the Education Authority, I have experienced some difficulty in dealing with the few cases which have come to my notice. These cases are, however, increasing.

The medical staff of Rauceby Hospital holds weekly clinics at the Peterborough Memorial Hospital (chiefly for adults) but they have very kindly seen several children referred by me, and I cannot speak too highly of the good work of Dr. Cole in this direction. One or two children have been examined by the Area Psychiatrist of the Regional Hospital Board (Dr. Sharp) on his visits to Peterborough, and my thanks are due to him.

Orthopaedic Defects and Physical Training.

The number of children with orthopaedic defects is still high. Out of a total of 2,349 children examined in the routine age groups, as many as 329 (14%) were found to have orthopaedic defects of a greater or lesser degree, viz:-

Posture	...	...	...	65
Flat Feet	...	...	...	199
Other	...	...	...	65
Total				<u>318</u>

Last year 12.3% of the children examined in the routine age groups were found to have orthopaedic defects, and in 1951, 15.1%.

I append a Report of the Organisers of Physical Education for the year 1953.

REPORT OF ORGANISERS OF PHYSICAL EDUCATION FOR 1953

Physical Training

Owing to the Joint Education Board's decision to abolish the posts of Physical Education Organisers, this will be the last full report on physical education in the schools. It might be appropriate, therefore, to review the progress made in the eight years since organisers were first appointed. The schools are now reasonably well equipped with the small apparatus which forms an essential part of the physical education lesson in the primary schools, and sixteen primary schools out of a total of thirty-seven now have, in addition, portable or fixed climbing apparatus. A much higher proportion would now have this apparatus had the provision of money for equipment not been reduced three years ago. Great progress has been made, however, since the pre-war days which some teachers remember, when they had to sell scent cards and pencils in order to raise funds to purchase games equipment.

Good facilities are essential for physical education, and indoor accommodation is necessary for a large part of the year if a regular programme of work is to be followed. Of the thirty-seven primary schools, fifteen have a hall which they are able to use for one or more physical training lessons a week for each class when the weather is too bad for the work to be taken out of doors and nine of the ten secondary modern or grammar schools have either a gymnasium or combined gymnasium-hall with the usual fixed and portable gymnastic apparatus. One secondary modern school has the use of a small rented hall a short distance from the school. One or two primary schools have halls which they cannot use for physical education because the pressure on accommodation is so great that the hall is wanted as a classroom, and with the increasing number of children in the junior schools, the position is likely to deteriorate in the next few years.

In schools where there is no indoor accommodation the work is spasmodic and the value of the subject often not fully realised by the teachers. This is shown too in the lack of suitable footwear and clothing in some of these schools. It is unusual now to find pupils wearing hard shoes for an indoor lesson, but unfortunately this cannot yet be said of the outdoor work.

There has been a big improvement in playing field accommodation over the last eight years and all junior and secondary schools, with the exception of three of the smallest rural schools, are able to give regular training in the major team games, either on a field of their own or on an adjacent rented field or public park.

Games.

All round training is very desirable and all secondary schools now cover a wide range of activities. School and Inter-School Association Football Matches have continued with senior, intermediate and junior

competitions, and a team took part in the English Schools Shield Competition. In the winter, the girls in secondary schools concentrate on hockey and netball and many inter-school matches are played, especially in netball in which two league competitions are arranged. In summer, all girls in secondary schools play tennis in organised games lessons on school or public courts, but in the boys' schools tennis, where facilities are available, is mainly an out of school activity. The schools arrange inter-school cricket matches for boys from secondary and junior schools and, occasionally, inter-county matches are played against Huntingdonshire schools.

A Cricket Coaching Course for Schoolmasters was held during the spring term. This was taken by professional cricketers from the Northamptonshire County Club and dealt with methods of group coaching as recommended by the M.C.C.

The Peterborough Cricket Club's new professional coach continued to train selected schoolboys at the club's ground on one evening per week. The boys have been given free membership of the club with a chance to play for a club team, if not wanted by their schools.

During the autumn, arrangements were made for the opening of an indoor cricket school for local youth club and adult cricketers. This was the first of its kind to be arranged in Peterborough and a large number of applications from the cricketers made the course certain of success. The school was due to open in January 1954.

The chief factor operating against an improved standard of school cricket is, however, the lack of attention which is given to playing fields and cricket squares. On most of these, the irregular nature of the surface makes the teaching of cricket strokes impossible.

Athletics.

The mounting enthusiasm in athletic competitions and training culminated in two inter-school meetings, one for secondary schools and one for junior schools. Greatly improved standards were attained in the throwing events and a team was sent to compete in the Northamptonshire County Sports. Ten Peterborough pupils were selected for the team which represented the County at the All England meeting at Uxbridge. The boys' relay team (15-17) which included two Peterborough boys, obtained second place, a Peterborough boy obtained third place in the boys' discus (15-17) and two other competitors obtained standard medals.

Swimming.

As a result of a report made by the Organisers of Physical Education in 1946, the teaching of swimming, for which the arrangements were found to be very unsatisfactory, was reorganised in the following year and has continued since with only minor modifications on the lines then laid down. There was formerly no co-ordination between schools and it often happened that too many children of widely differing ages and ability arrived at the swimming pool at the same time. Moreover, swimming certificates were awarded to pupils according to the distance they could swim irrespective of their style or lack of style. From 1947 to the present time, a complete timetable has been drawn up in consultation with Head Teachers and swimming classes are drawn mainly from the top year in junior schools or the first or second years in secondary schools. A revised scheme of swimming tests which the pupils can only pass by showing a reasonably good style was introduced, and has played a very important part in the development of the pupils' speed and endurance in the water. The tests are judged by the Organisers of Physical Education who also coach groups of pupils in swimming. Since 1947 a swimming teacher has been present at the pool to help class teachers, and voluntary sessions have been arranged in after-school hours for pupils who could not be catered for in the normal swimming periods, while in 1948 voluntary classes for pupils who wished to take the Royal Life Saving Society's Examinations were started. In order to reduce the time spent in travelling to and from the bath in school hours, a schedule of special buses was arranged to transport pupils from schools situated at a distance from the pool.

Comparative figures show how the swimming standards have improved over the last seven years:-

<u>Attendances:</u>	<u>1947</u>	<u>1953</u>
	7,243	10,505

Education Committee Certificates:

	<u>1947</u>	<u>1953</u>
Elementary	161	237
Intermediate	30	78
Advanced	2	19

Royal Life Saving Society Awards:

	<u>1948</u>	<u>1953</u>
Elementary	1	-
Intermediate	7	15
Bronze Medallion	-	3
Bar to Bronze Medallion-	-	3
Bronze Cross	-	2
Award of Merit	-	7

G. F. LUMLEY.

Speech Therapy.

The report of Miss Halley, the Speech Therapist, is appended:-

During the year 1953 I have treated 128 children suffering from speech defects from various causes. 66 children have been discharged cured, 8 are still under observation and 39 are still under treatment.

Weekly sessions have been held as follows:-

- (a) 8 sessions at the School Clinic, Town Hall
- (b) 1 session at Dogsthorpe School
- (c) 1 session at Eastholm Infants' School

I think that the attached table is self explanatory of the types and numbers of children seen and so I should like to make a general remark about speech defective children.

The child who suffers from a speech defect tends to feel different from other children because he finds that he cannot communicate with those around him easily. This may be because people cannot understand him, as in the case of the dystatic child, or because of the hesitation in his speech, as with the stammering child.

It is gratifying to hear from parents and teachers alike that when a child is discharged from the Speech Therapy Clinic he shows a general improvement in all aspects of his life. This fact is seen by his attitude to work at school and the easier way in which he mixes with other children both at home and at school. Also the child who will not be parted from "Mummy" achieves greater independence and enjoys his freedom. From these facts one becomes certain that speech defects and general emotional development and stability are often very closely linked together.

You will notice from the table that there have only been 10 cases during the year, where there has been a lack of co-operation so that treatment could not be pursued. Although this is a small number it is regrettable that there are even 10 parents who are not willing to make an effort themselves for the benefit of their children.

I should like to take this opportunity to thank my colleagues in the clinic, schools and office for their advice and co-operation that has helped to make, what I hope has been, a successful year in the Speech Therapy Clinic.

SYLVIA HALLEY, L.C.S.T.

SPEECH THERAPY TABLE

Type of Speech Defect	Discharged	Under observation	Receiving Treatment	Unco-operative	Left District or School	TOTAL
Dyslalia	53	2	26	10	2	93
Stammering	12	3	7	-	2	24
Cerebral Palsy (Spastic)	-	2	4	-	-	6
Dysphonia	2	-	-	-	-	2
Cleft Palate	-	1	1	-	-	2
Multiple Physical Handicap	-	-	1	-	-	1
TOTAL	67	8	39	10	4	128

Handicapped Pupils.

Under the Education Act, 1944, the Local Education Authority is responsible for ascertaining handicapped children from the age of two years.

During the year 1953 certain changes were made in the definitions of the different categories of handicapped pupils, as follows:-

- (a) The definition of partially deaf pupils has been slightly amended with a view to clarification.
- (b) There is no longer a separate category of diabetic pupils, who are now included in the general category of delicate pupils.
- (c) In the 1945 Regulations, epileptic and physically handicapped pupils were so defined as to imply that they could not be educated in an ordinary school.
Many children who are in fact epileptic or physically handicapped can be educated in ordinary schools if special arrangements are made or facilities provided to enable them to overcome their particular difficulties.
The effect of the amended definitions is to bring within their scope all physically handicapped and epileptic children who are able, with some degree of special help, to attend ordinary schools.
- (d) The definition of pupils suffering from speech defects has been slightly simplified.
- (e) The definition of delicate pupils has been changed so as to make this a residual category, covering all handicapped pupils who do not specifically come under the heading of one of the other handicaps. The definition has also been slightly widened to take account of the fact that some delicate pupils can be educated under the normal regime of an ordinary school but may need a change of environment to make this possible (e.g. some asthmatics and diabetics)

The following Table shows the number of handicapped pupils on the Register during the year 1953:-

Blind or Partially Blind	4
Other Visual Defects	2
Deaf or Partially Deaf	4
Delicate	73
Epileptic	1
Educationally Sub-normal	42
Physically Handicapped	45
Maladjusted	4
<u>Total</u>	<u>175</u>

At the end of the year 1952, 161 children were on the Register.

Owing to the difficulty in finding accommodation for educationally subnormal children in special schools it is many years since a child from this area was admitted to such a school, and the figure for educationally subnormal children is not a true statistic of the number of such pupils in the area (at any rate as applied to boys) as, owing to the difficulty in obtaining vacancies for special education I have not felt justified in disturbing parents and pupils in making many mental assessments.

However, arrangements are now well advanced for opening Orton Hall, near Peterborough as a Special School for Educationally Sub-normal Girls. It is expected that there will be accommodation for 100 children (46 boarders and 54 day children). The lower limit I.Q. for admissions to the School in the first instance should be

60, although this limit need not be rigidly enforced and in special cases girls with an I.Q. as low as 55 might be admitted. The age limit is between 9 - 16 years.

Orton Hall (which is situated in the County of Huntingdon) has been adapted as a Special School by the Huntingdonshire County Council in conjunction with the neighbouring authorities of Peterborough, Cambridgeshire, and the Isle of Ely.

A considerable amount of the time of the School Medical Officers was taken up during the year in carrying out I.Q. assessments of educationally subnormal girls to ascertain children suitable for admission to this Special School.

Although there is no special open-air school for delicate pupils in the Soke of Peterborough, no difficulty has been experienced in finding accommodation for these children in residential schools outside the County, particularly at Port Regis Open-Air School and Holy Cross Open-air School, Broadstairs.

Special Schools.

Three of the four blind children were educated during the year at Dorton House, Bucks., and the fourth is at the Royal Blind School, Sheffield. One of the girls left Dorton House during the year on attaining the age of 16 years.

One deaf boy is being educated at the Royal School for the Deaf, Derby.

A deaf and partially-sighted girl (who is also mentally retarded) has continued to receive instruction from the Speech Therapist during the year, and is making extremely good progress. She is awaiting admission to a Special Residential School.

Sixty-one delicate children were in residential open-air schools during the year, viz:-

Port Regis Open-air School, Broadstairs	27
Holy Cross Open-air School, Broadstairs	26
St. John's Open-air School, Woodford	
Bridge	4
St. Patrick's Open-air School, Hayling	
Island	3
Total	<u>61</u>

Eleven children suffering from pulmonary tuberculosis were in residence at the Children's Sanatorium, Kelling, during the year. Three of these were members of one family.

A diabetic girl, aged 10 years, was in residence at St. Monica's Hostel for Diabetic Children, Kings Down, Deal.

One maladjusted boy, aged 12 years, was in residence at Exhall Grange Special School, Warwickshire. A girl with congenital heart disease was operated on at Brompton Hospital early in 1953. One boy suffering from spinal tuberculosis was at the Manfield Orthopaedic Hospital.

In only one case in 1953 did the parents refuse my offer to send their child to a residential Open-air School, and in another case the parents removed the child after a stay of 5 days, but in practically all cases the parents are most willing and anxious to avail themselves of the Open-air School facilities offered by the Joint Board.

Owing to the increasing cost of maintaining children at Residential Open-air schools, I was asked by the Committee early in 1953 to endeavour to restrict the number of children away at any one time to not more than approximately 23, although in cases of urgency the Committee would be prepared to consider any special cases brought to their notice.

CO-OPERATION WITH TEACHERS, PARENTS AND DOCTORS

I should like to express my thanks to the Teachers for their continued help and co-operation.

Every effort is made to secure the co-operation of the parents. Letters are sent from my Office to the parents or the guardians of all children due for routine examination - usually a week in advance - telling them of the exact time and place of the inspection and inviting their attendance.

In the case of new entrants, the parents are asked to give information as to the medical history of the child and family as required on the present medical inspection cards. Surprisingly very few parents raised any objection to giving this rather personal information and as many as 74 per cent of the parents attended the medical examination of their children, compared with 75 per cent last year, and 65 per cent in 1951.

There were very few refusals on the part of parents to allow their children to be medically examined, and in these instances a letter was sent, pointing out that medical inspections of school children is compulsory. This resulted in the child being brought up for examination by the School Medical Officer. Where it is suspected that a child has been deliberately kept away from school on the medical inspection day to avoid examination, a similar letter is sent to the parents.

46 boys and 42 girls - a total of 88 - were absent from school on the day appointed for their examination. Their absence was due in most instances to illness or infectious disease.

Generally speaking the co-operation of the parents has been excellent, although one or two unusual cases have arisen.

The parents of one boy were advised to consult the family doctor with regard to the boy's gross obesity, which was considered to be due to overeating. Some months later the boy was re-examined and found to be still very obese. On enquiry it was found that the family doctor had, in fact, been consulted and had prescribed tablets, but the parents discontinued these after two days because they believed the tablets were not agreeing with him. They were causing him to lose his appetite !

It appears to me that more children in this area suffer from over-mothering, than from neglect, which is a very pleasing thing to be able to say, though in certain instances, the over-mothering does do great harm to the child, particularly in chest diseases. The open-air schools greatly benefit these cases .

VACCINATION AND DIPHTHERIA IMMUNISATION

A note is made on each child's medical inspection card as to whether vaccination and diphtheria immunisation has been carried out.

623 of the 2349 children examined in the routine age groups were noted to have been vaccinated, or 26.5 per cent, compared with 28 per cent last year and 27 per cent in 1951. These figures must be regarded as disappointing.

1519 of the 2349 children examined in the routine groups had been immunised against diphtheria, or 64.2% compared with 58.1% in 1952 and 60.1% in 1951.

It is satisfactory to record that, for the fourth year in succession, no cases of diphtheria were notified in the County.

SCHOOL DENTAL SERVICE

I append a report of Dental Inspection and Treatment of school children for the year 1953, as submitted by Mr. T. H. Roberts, to whom I am greatly indebted for his interest and co-operation.

Report of Dental Inspection and Treatment of School Children
for the year 1953.

This is my fifth consecutive Annual Report.

The school population is nearly 10,000 and it is taking me $3\frac{1}{2}$ years to complete the inspection and treatment of the City Modern Secondary Junior and Infant Schools. A few more children have been going to private practitioners and this has been a good help. To maintain an efficient service, each child should be inspected and offered treatment at least once a year. It is to be regretted that an assistant has not yet been appointed, as in spite of repeated advertisements for another Dental Officer, no applications have been received for this post; in the meantime, the dental health of the children is suffering.

Dr. Inglis has complete his second year as part-time anaesthetist and is very popular with the children and parents. He has a good manner in dealing with children, and is a very good anaesthetist for them.

The following schools were inspected during the year:-

<u>City Schools</u>	<u>Soke Schools</u>	<u>Grammar Schools</u>
Dogsthorpe/Newark Infants (part)	Newborough	King's
Dogsthorpe Newark Junior	Northborough	County Girls (part)
West Town Infants	Maxey	
West Town Junior	Helpston	
Lincoln Road Boys	Glington Infants and Junior	
Lincoln Road Girls		
Fulbridge Junior (part)		
Fulbridge Infants		
All Saints Girls		
Queen's Drive Infants		
St. Mary's Infants		

Regional Anaesthesia

In regional anaesthesia, the main nerve leading to the teeth in the area is anaesthetised by a local injection before it enters the bone, and all that area is completely anaesthetised for about three hours with the results that

- (a) one or all the teeth in the area can be painlessly extracted,
- (b) large cavities can be prepared for filling painlessly
- (c) any nerve in a tooth which has been exposed, can be painlessly extirpated immediately, before proceeding to fill the root.

The mandibular nerve on either side of the lower jaw, supplies all the teeth on each half.

The anterior superior maxillary nerve on either side of the upper jaw supplies the first and second incisor teeth and the canine of the upper jaw.

The middle superior maxillary nerve on either side of the upper jaw, supplies the first and second bicupid teeth and the anterior root of the first molar.

There were 1,915 local anaesthetics given, and of these there were 1,000 mandibular injections, 151 middle superior maxillary, and 22 anterior superior maxillary, a total of 1,173 regional local anaesthetics. General anaesthetics (Gas and Oxygen) were given on 266 occasions, occupying 43 half sessions ($1\frac{1}{2}$ hours) an average of 6.2 cases per session.

The following figures and remarks amplify the statistical return required by the Ministry of Education.

Between 9 a.m. and 10 a.m. is set aside for the treatment of specials, chiefly children suffering from toothache; 535 specials were treated during the year, and paid 616 visits to the Clinic. 3,496 children were given routine inspections and with the 535 specials, make a total of 4,031 inspected. Of these 4,031, 3,358 (83%) required treatment, and of these 3,358 2,883 (86%) were referred for treatment. Of these 2,883 referred for treatment, 2,574 (90%) were actually treated. The 2,574 paid 4,539 visits to the Clinic for treatment.

There were 2,491 permanent teeth filled and they had 2,680 fillings and 3 root fillings put in them. As will be seen from the foregoing, several teeth had more than one filling put in them, as decay had appeared on different sides of the teeth. There were also 63 temporary teeth which were filled.

The ratio of permanent teeth filled to permanent teeth extracted is $2,491 : 278 = 9:1$, and of these permanent teeth extracted, 15 of them were sound, but were extracted because of overcrowding. There were also 96 temporary teeth extracted because of overcrowding.

There were 834 other operations in permanent teeth, consisting of scalings (cleaning teeth) orthodontic treatment, gum treatment, and zinc oxide dressings in large cavities, after having all the carious dentine (decay) removed previous to filling. The 879 dressings in temporary teeth consisted of treatment with a solution of silver nitrate which hardens the decay, and so saves the teeth from being extracted.

There were 13 new regulation cases started during the year and the results of these have been very successful. They were cases of straightening one or two upper front teeth and had the effect of improving the appearance of the children. Each case takes about 3 months to complete.

There were 5 partial upper dentures supplied. These cases are generally the result of accidents, the upper front teeth being fractured and needing extracting. There were also 7 dentures of previous years, which were repaired, after being fractured. The parents always pay the cost of having these dentures repaired.

Children of pre-school age were given treatment at the Clinic; 35 of them paid 62 visits to the Clinic and had 9 temporary teeth filled, 47 temporary teeth extracted; 21 temporary were treated with silver nitrate, and one child had its teeth scaled (cleaned). 18 children were given a general anaesthetic and 16 children were given local anaesthetics, 5 of which were mandibular injections.

6 children from other areas were treated, who paid 6 visits to the Clinic and had 8 temporary teeth extracted, and 1 permanent dressing. The local anaesthetics given were 4 mandibular and 1 middle superior maxillary.

The Principal School Medical Officer and the Deputy School Medical Officer, referred 107 children for treatment and they paid 191 visits to the Clinic for treatment. They were children who had not been inspected by me for some time and required teeth extracting because of pain or sepsis. The teeth were usually septic and treatment resulted in healthy mouths and an improvement in their general health.

I gave two talks on Oral Hygiene to senior schools during the year.

379 children were given routine inspections at the Clinic, and received treatment at the same time. Some of these children came as Specials and others were sent by the Medical Officers. They were children from schools which had not been inspected during the year. These figures are included in the 3,496 children inspected (1A) during the year.

The average number of children inspected at each session is 125. In the case of Infant schools, the mothers were specially invited to attend and 449 mothers did attend. The whole dental scheme was explained to them individually, and also the condition of the child's mouth, and advice given. This meant that only 70 children could be inspected at each session, but the acceptance rate was good.

Number of children given Routine Inspections in each age group:-

Age	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
	97	478	403	281	303	280	359	228	266	242	312	160
	(16)	(17)	(18)	Total								
	56	27	4	3,496								

One spastic child had a tooth extracted at the Clinic. He does not attend school because of inability to walk, and was brought to the Clinic in a chair.

The average for each treatment session was :-

10 children treated	7 teeth extracted
6.1 fillings	3.8 dressings.

I have occasionally referred patients for treatment to the Peterborough Memorial Hospital, and wish to thank Mr. Haxton, the Dental Surgeon.

I wish sincerely to thank the Medical Officers, Head Teachers and Nurses for their able co-operation, which has been a great help in the success of the scheme.

I also wish to acknowledge the help of Miss Allen, Dental Attendant, in the completion of the statistics for this Report.

T. H. ROBERTS

Principal School Dental Officer.

A P P E N D I X

MEDICAL INSPECTION AND TREATMENT RETURNS

TABLE II

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Special Schools).

(A) Periodic Medical Inspections.

Number of Inspections in the prescribed Groups :-

Entrants	1,132
Second Age Group	630
Third Age Group	587

Total	...	2,349
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Number of Other Periodic Inspections	...	-
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GRAND TOTAL :	2,349
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(B) Other Inspections.

Number of Special Inspections...	74
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Number of Re-inspections	169
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Total:	...	2,592
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(C) Pupils found to Require Treatment.

Number of Individual Pupils found at Periodic Medical Inspections to Require Treatment (excluding Dental Diseases and Infestation with vermin).

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table 11.	Total Individual Pupils
(i)	(ii)	(iii)	(iv)
Entrants...	1	270	270
Second Age Group...	19	119	138
Third Age Group ...	31	62	92
TOTAL (prescribed groups) ...	51	451	495
Other periodic inspections.	-	-	-
GRAND TOTAL ...	51	451	495

TABLE 11

(A). Return of Defects found by Medical Inspection in the Year
Ended 31st December 1953.

				Periodic Inspections. Number of Defects.		Special Inspections. Number of Defects.	
Defect Code. Defect or Disease No.				Re- quiring treat- ment	Requiring to be kept under observation, but not requiring treatment.	Re- quiring treat- ment	Requiring to be kept under observation, but not requiring treatment.
	(1)			(2)	(3)	(4)	(5)
4. Skin				25	56	-	-
5. Eyes - a. Vision				51	62	6	2
b. Squint				34	11	1	-
c. Other				5	10	-	1
6. Ears - a. Hearing				3	13	-	-
b. Otitis Media				25	36	1	-
c. Other				77	32	3	-
7. Nose or Throat				187	338	3	4
8. Speech				32	17	6	2
9. Cervical Glands				13	79	-	1
10. Heart and Circulation				2	18	-	-
11. Lungs				21	89	1	3
12. Developmental -							
a. Hernia				5	26	-	1
b. Other				2	18	-	2
13. Orthopaedic -							
a. Posture				14	51	-	-
b. Flat foot				98	101	-	-
c. Other				16	49	-	-
14. Nervouse system -							
a. Epilepsy				1	5	-	-
b. Other				3	5	-	-
15. Psychological -							
a. Development				10	39	-	1
b. Stability				1	21	1	1
16. Other				5	10	-	-

TABLE 111
INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	23,686
(ii)	Total number of individual pupils found to be infested	73
(iii)	Number of individual pupils in respect of who cleansing notices were issued (Section 54(2), Education Act, 1944)	-
(iv)	Number of individual pupils in respect of whom cleansing orders were issued - (Section 54(3), Education Act, 1944)	43

TABLE 1V

Group 1. DISEASES OF THE SKIN -

					Number of cases treated or under treatment during the year.	
					By the Authority.	otherwise
Ringworm (i)	Scalp	...	...	...	-	-
	(ii) Body	...	...	...	5	-
Scabies	...	...	...	...	7	-
Impetigo	....	...	....	...	15	-
Other skin diseases		...	...	...	56	-
TOTAL:					<u>83</u>	<u>-</u>

Group 2. EYE DISEASES, DEFECTIVE VISION AND SQUINT -

		Number of cases dealt with by the Authority		otherwise
External and other, excluding errors of refraction and squint	....	21		-
Errors of refraction (including squint)		-		395
Total :		<u>21</u>		<u>395</u>

Number of pupils for whom spectacles
were -

(a)	Prescribed	...	...	...	-	267
(b)	Obtained	...	...	...	-	267

TABLE IV.

Group 3 DISEASES AND DEFECTS OF EAR, NOSE AND THROAT -

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment -		
(a) for diseases of the ear ...	-	1
(b) for adenoids and chronic tonsillitis	-	231
(c) for other nose and throat conditions	-	1
Received other forms of treatment...	70	-
Total:	<u>70</u>	<u>233</u>

Group 4 ORTHOPAEDIC AND POSTURAL DEFECTS -

(a) Number treated as in-patients in hospitals		1
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patients departments.	-	107

Group 5 CHILD GUIDANCE TREATMENT -

	Number of cases treated in	
	the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	-	-

Group 6 SPEECH THERAPY -

	Number of cases treated by	
	the Authority	otherwise
Number of pupils treated by Speech Therapist	135	1

Group 7 OTHER TREATMENT GIVEN -

	Number of cases treated by	
	the Authority	otherwise
(a) Miscellaneous minor ailments	99	-
(b) Other than (a) above ...	25	-
Total :	<u>124</u>	<u>-</u>

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officer:						
(a) Periodic	...	...	...	...	...	3,496
(b) Specials	...	...	...	...	...	535
Total (1)						<u>4,031</u>
(2) Number found to require treatment	...	...				3,358
(3) Number referred for treatment	...	...				2,883
(4) Number actually treated	...	...	...	...		2,574
(5) Attendances made by pupils for treatment	...					<u>4,539</u>
(6) Half-days devoted to:						
Inspection	....	....				28
Treatment	...	...				<u>449</u>
Total (6)						<u>477</u>
(7) Fillings:						
Permanent Teeth	...	...	...			2,683
Temporary Teeth	...	...	...			<u>63</u>
Total (7)						<u>2,746</u>
(8) Number of teeth filled:						
Permanent Teeth	...					2,491
Temporary Teeth	...					<u>63</u>
Total (8)						<u>2,554</u>
(9) Extractions:						
Permanent Teeth	...	...				278
Temporary Teeth	...	...				<u>2,982</u>
Total (9)						<u>3,260</u>
(10) Administration of general anaesthetics for						
extraction	...	...	...			266
(11) Other operations:						
Permanent Teeth	...	...				834
Temporary Teeth	...	...				<u>879</u>
Total (11)						<u>1,713</u>